ATTACHMENT 3.1-B Page 2f

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

Revised:

June 1, 1998

MEDICALLY NEEDY

3. Other Laboratory and X-Ray Services

Other laboratory and X-ray services when ordered and provided by or under the direction of a physician or other licensed practitioner of the healing arts within the scope of his/her practice as defined by State law in the practitioner's office or outpatient hospital setting or by a certified independent laboratory which meets the requirements for participation in Title XVIII. For services above \$500.00 per State Fiscal Year for recipients age 21 and older, an extension will be provided if medically necessary. The following diagnoses are considered to be categorically medically necessary and do not require prior authorization for medical necessity: Malignant neoplasm (code range 140.0 through 208.91); HIV infection (code range 042.0 through 044.9) and renal failure (code range 584.5 through 586). All other diagnoses are subject to prior authorization before benefits can be extended.

The extension procedures do not apply for services provided to recipients under age 21 in the Child Health Services (EPSDT) Program.

- (2) Magnetic Resonance Imaging (MRI) and Cardiac Catheterization procedures are exempt from the extension procedures.
- (3) Portable X-Ray Services

Services are limited to the following:

- skeletal films involving arms and legs, pelvis, vertebral column and skull;
- chest films which do not involve the use of contrast media; and
- abdoming films which do not involve the use of contrast media.

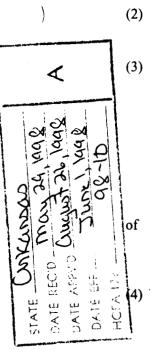
Services may be provided to an eligible recipient in his/her place of residence upon the written order the recipient's physician.

Portable X-ray services are included in the extension procedures.

Chiropractor X-Ray Services

- X-ray is limited to two (2) per State Fiscal Year (July 1 through June 30).
- 4.a. Nursing Facility Services Not Provided

SUPERSEDED BY 96-06



ATTACHMENT 3.1-B Page 2g

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

Revised:

September 1, 1999

#### MEDICALLY NEEDY

- 4.b Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found.
  - (1) No limitation on services within the scope of the program (except for consultations, and home health services) if services are EPSDT related. Extension of the benefit limit for consultations (2 per State Fiscal Year), home health services (50 visits per State Fiscal Year), physical therapy evaluations (1 per State Fiscal Year), occupational therapy evaluations (1 per State Fiscal Year), speech therapy evaluations (4 units per State Fiscal Year), and chiropractor X-ray services (2 per State Fiscal Year) will be provided if medically necessary for recipients in the Child Health Services (EPSDT) Program.

In accordance with the current recommendations of the American Academy of Pediatrics, effective for claims with dates of service on or after September 1, 1999, the following schedule will apply for Child Health Services (EPSDT) medical screens. Childhood immunizations are a component of a Child Health Services (EPSDT) medical screen.

From birth through eleven (11) months of age, children may receive six (6) periodic screens in addition to the newborn screen performed in the hospital.

Children age twelve (12) months through twenty-three (23) months may receive three (3) periodic screens.

When a child has attained age two (2), the following schedule will apply. There must be at least 365 days between each screen listed below for children age 24 months through 20 years.

Age

24 months

3 years

4 years

5 years

6 years

8 years

o years

10 years

11 years

12 years

13 years

14 years

15 years

16 years

17 years

18 years

19 years

20 years

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SUPERSEDES: TN - 98-26

### AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

Revised:

June 1, 1998

#### MEDICALLY NEEDY

Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of 4.b Conditions Found. (Continued)

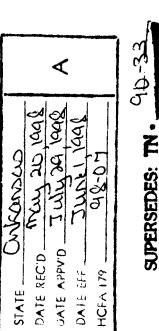
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Age	Periodicity Schedule
Newborn to 5 years	One hearing screen
5 to 6 years	One hearing screen
6 to 7 years	One hearing screen
7 to 8 years	One hearing screen
8 to 12 years	One hearing screen
12 to 16 years	One hearing screen
16 to 18 years	One hearing screen
18 to 21 years	One hearing screen

#### **VISION**

<u>Age</u>	Periodicity Schedule
Newborn to 5 years	One vision screen
5 to 6 years	One vision screen
6 to 10 years	One vision screen
10 to 12 years	One vision screen
12 to 16 years	One vision screen
16 to 18 years	One vision screen
18 to 21 years	One vision screen

DENTAL	
Age	Periodicity Schedule
Newborn to 12 months	One Dental Screen per State Fiscal Year
12 to 24 months	One Dental Screen per State Fiscal Year
2 to 3 years	One Dental Screen per State Fiscal Year
3 to 4 years	One Dental Screen per State Fiscal Year
4 to 5 years	One Dental Screen per State Fiscal Year
5 to 6 years	One Dental Screen per State Fiscal Year
6 to 7 years	One Dental Screen per State Fiscal Year
7 to 8 years	One Dental Screen per State Fiscal Year
8 to 9 years	One Dental Screen per State Fiscal Year
9 to 10 years	One Dental Screen per State Fiscal Year
10 to 11 years	One Dental Screen per State Fiscal Year
11 to 12 years	One Dental Screen per State Fiscal Year
12 to 13 years	One Dental Screen per State Fiscal Year
13 to 14 years	One Dental Screen per State Fiscal Year
14 to 15 years	One Dental Screen per State Fiscal Year
15 to 16 years	One Dental Screen per State Fiscal Year
16 to 17 years	One Dental Screen per State Fiscal Year
17 to 18 years	One Dental Screen per State Fiscal Year
18 to 19 years	One Dental Screen per State Fiscal Year
19 to 20 years	One Dental Screen per State Fiscal Year
20 to 21 years	One Dental Screen per State Fiscal Year



ATTACHMENT 3.1-B Page 2ggg

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

April 1, 1990

**MEDICALLY NEEDY** 

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

The State will provide other health care described in Section 1905(a) of the Social Security Act that is found to be medically necessary to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, even when such health care is not otherwise covered under the State Plan.

ATTACHMENT 3.1-B

Page 2h

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

Revised:

March 1, 2000

#### MEDICALLY NEEDY

4.b Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

## (2) Apnea (Cardiorespiratory) Monitors

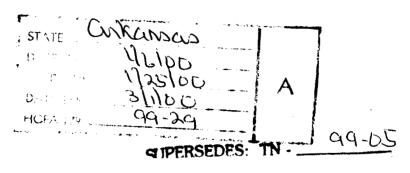
Apnea (cardiorespiratory) monitors are provided for eligible recipients in the Child Health Services (EPSDT) Program. Use of the apnea monitors must be medically necessary and prescribed by a physician. Prior authorization is not required for the initial one month period. If the apnea monitor is needed longer than the initial month, prior authorization is required.

## (3) Child Health Management Services (CHMS)

CHMS services provide full medical multi-discipline diagnosis and evaluation for the purpose of early intervention and prevention for eligible recipients in the Child Health Services (EPSDT) Program. Services are provided in multi-disciplinary clinic settings and pediatric day program/intervention settings. Services are limited to the following components:

- audiology assessment
- behavior counseling and therapy
- intervention/treatment
- medical evaluation
- neuropsychology testing
- nutrition assessment
- occupational therapy/physical therapy
- psychiatric evaluation
- psychological
- social/emotional assessment
- speech and language pathology
- counseling and therapy

Effective for dates of service on or after September 1, 1999, CHMS diagnostic/ evaluation procedure codes are limited to two (2) per State Fiscal Year (July 1 through June 30). If the diagnostic/evaluation procedure codes are required for additional services, the CHMS provider must request an extension of the benefit limit. CHMS treatment requires prior authorization to determine and verify the patient's need for CHMS services. Effective March 1, 2000, all CHMS treatment services will require prior authorization. Two of the CHMS treatment procedure codes, Z1573 and Z1574, are limited to four (4) per State Fiscal Year (July 1 through June 30). Extension of the benefit limit will be provided if medically necessary.



ATTACHMENT 3.1-B Page 2i

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

Revised:

February 1, 1999

MEDICALLY NEEDY

- 4.b Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)
  - (4) RESERVED
  - (5) Private Duty Nursing Services for High Technology Non-Ventilator Dependent Recipients

    Services are limited to eligible Medicaid recipients in the EPSDT Program. Private duty nursing services for non-ventilator dependent recipients include patients requiring the following services:
    - (1) Prolonged Intravenous Drugs
    - (2) Parenteral Nutrition
    - (3) Oxygen Supplementation
    - (4) Tube Feeding (gastrostomy, naso/or gastric feedings)
    - (5) Peritoneal Dialysis

These services require prior authorization. Services may be provided in the recipient's home, a Division of Developmental Disabilities (DDS) community provider facility or a public school. (Home does not include an institution.)

Refer to Attachment 3.1-A, Page 3d, Item 8 and Attachment 3.1-B, Page 4a, Item 8 for coverage information for private duty nursing services for ventilator-dependent recipients.

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SUPERSEDES: TN - 92-08

ATTACHMENT 3.1-B Page 2j

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

Revised: February 1, 1991

MEDICALLY NEEDY

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

6. Cochlear Implants

Coverage of Cochlear implantation is limited to recipients in the EPSDT Program. This procedure requires a prior authorization.

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STATE ARKANSAS

ATTACHMENT 3.1-B

Page 2k

AMOUNT, DURATION AND SCOPE OF

SERVICES PROVIDED

Revised: December 1, 1991

MEDICALLY NEEDY

Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and 4.b. Treatment of Conditions Found. (Continued)

#### (7) Dentures

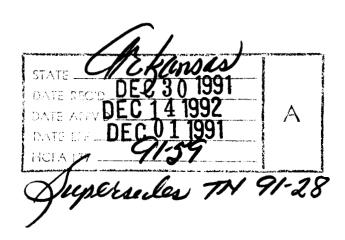
Dentures are provided to eligible Medicaid recipients in the Child Health Services (EPSDT) Program with prior authorization from the Medical Assistance Section.

#### Hearing Aid Dealers (8)

Supplies prescribed instrument after medical clearance and upon recommendation of an audiologist to eligible recipients in the Child Health Services (EPSDT) Program. Maintenance of instrument provided with prior approval from the Utilization Review Section.

#### (9)Audiologist Services

Provision of audiometric testing and hearing aid evaluation to eligible recipients in the Child Health Services (EPSDT) Program.



MEDICAL ASSISTANCE PROGRAM STATE ARKANSAS

ATTACHMENT 3.1-B Page 2L

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

Revised: July 1, 1991

**MEDICALLY NEEDY** 

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

(10) Hearing Aids

The provision of hearing side, accessories and repairs for eligible Medicald recipients in the Child Health Services (EPSES) Program with prior additionation from the Utilization Review Section. Healthy sides limited to two applicables penals month period. With prior authorization, additional services may be provided if medically becausely:

### (11) Eye Prostheses

Eye prostheses are provided for eligible Medicaid recipients in the Child Health Services (EPSDT) Program with prior authorization from the Medical Assistance Section.

(12) Densitization injections

Limited to eligible Medicaid recipients in the Child Health Services (EPSDT): Program.

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ATTACHMENT 3.1-B

Page 2m

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

MEDICALLY NEEDY

December 1, 1991

- Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and 4.b. Treatment of Conditions Found. (Continued)
  - (13)Psychology Services
    - Services are limited to eligible Medicaid recipients in the Child Health (1) Services (EPSDT) Program.
    - (2)Services must be provided by a licensed psychologist and prescribed by a physician. Outpatient Psychology services are as follows:
      - a. Diagnosis
      - b. Diagnosis - Psychological Test/Evaluation
      - C. Diagnosis - Psychological Testing Battery
      - d. Interpretation of Diagnosis
      - e. Crisis Management Visit
      - f. Individual Outpatient - Therapy Session
      - Marital/Family Therapy g.
      - h. Individual Outpatient - Collateral Services
      - i. Group Outpatient - Group Therapy

